



Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fwd:
1 message**No Jurisdiction and Housing Information****Carey Stone** <Carey.Stone@lacity.org>
To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fri, Mar 29, 2019 at 2:36 PM

Records Request response - this seems to have come in by phone and I spoke with her and emailed a response.

----- Forwarded message -----

From: **Carey Stone** <Carey.Stone@lacity.org>
Date: Tue Nov 27, 2018 at 3:30 PM
Subject: [REDACTED] No Jurisdiction and Housing Information
To: [REDACTED] <[REDACTED]@com>

Hello [REDACTED]

As I explained on the phone and in the attached letter, the Department on Disability (DOD) can not process your Title II Complaint against the Housing Authority of the City of Los Angeles. However, I have provided you a couple of links to assist you in your search for safer, affordable housing.

<http://www.socialserve.com/tenant/CA/index.html?ch=LAX>http://hrc-la.org/docuserfiles/files/11_%20Project%20Place%20-%20November%202018.pdf

Sincerely,

--
Carey Stone
Department on Disability
City of Los Angeles
Office: 213-202-2747
Fax: 213 - 202 - 2715--
Carey Stone
Department on Disability
City of Los Angeles
Office: 213-202-2747
Fax: 213 - 202 - 2715

48K

27 18 no jx.pdf

City of Los Angeles

CALIFORNIA

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DAVID WOLF



DEPARTMENT ON DISABILITY

201 NORTH FIGUEROA STREET
SUITE 100
LOS ANGELES, CALIFORNIA 90012

(213) 202-2764 TEL.
(213) 202-3452 TTY
(213) 202-2715 FAX
www.Disability.LACity.org

(213) 202-2764 TEL.
(213) 202-3452 TTY
(213) 202-2715 FAX

ERIC GARCETTI
MAYOR

STEPHEN DAVID SIMON
EXECUTIVE DIRECTOR

November 27, 2018

Dear

The Department on Disability (DOD) has received your complaint today about Ms. Green and the Housing Authority of the City of Los Angeles (HACLA). Your complaint was submitted as an ADA Title II Grievance.

DOD investigates alleged violations of rights protected by Title II of the Americans with Disabilities Act (ADA). Specifically, we investigate allegations that a program, facility and activity run by the City of Los Angeles is not accessible to someone because of discrimination based on disability. We do not handle complaints involving agencies other than the City of Los Angeles, such as HACLA, nor do we handle complaints that seem to be criminal in nature.

Accordingly, DOD does not have jurisdiction over the matter raised in your complaint and cannot process it. I am, however, sending you an email with information about affordable housing.

Sincerely,

Carey Stone
ADA Coordinator



Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

records request response

1 message

Carey Stone <Carey.Stone@lacity.org>

Fri, Mar 29, 2019 at 2:33 PM

To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

this came in by mail, from [REDACTED] - see attached

--
Carey Stone
Department on Disability
City of Los Angeles
Office: 213-202-2747
Fax: 213 - 202 - 2715



AMERICANS WITH DISABILITIES ACT TITLE II - GRIEVANCE FORM

Instructions: Please fill out as much of this form as you can in black ink or type. If you need assistance, tell us and we would be happy to provide assistance with filling out this form. Sign and return (mail, fax, or e-mail) the form to the address as listed at the end of page 6.

Name: _____

Address: _____

City: _____

State: CA

Zip Code: _____

Telephone: Home: _____

Business: _____

Mobile: _____

E-Mail: _____

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act:

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: Home: _____

Business: _____

Mobile: _____

COMPLAINT

Access issues generally fall into one of three categories, please indicate which category best describes your issue.

☒ Physical/Architectural Access - Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage. etc.

☐ Programmatic Access - Is the issue related to being able to participate in a program, service, or activity. For example, is there a City policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from the City's programs and services.

☐ Communication Access - Is the issue related to communication, for example do you need auxiliary aids and services, a sign language interpreter, Communication Access Real-Time Translation (CART), or materials in alternative formats in order to have equal access to information and communication with a City Department's programs, services, or activities.

City Department. Bureau or Service:

Address:

City:

State:

Zip Code:

Telephone:

When did the alleged violation occur? Date: Aug - 2018

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II. (Use additional space on next page if necessary.)

No wheel chair Access. I have no hot water in shower
no power in my bedroom. I have no heater

Attachment C

**TITLE II, AMERICANS WITH DISABILITIES ACT NOTICE OF CONTINUING
INVESTIGATION (NCI)**

Date: Dec. 13, 2018

Grievant's Name: [REDACTED]

Address: [REDACTED]

Dear [REDACTED]:

After an initial investigation of your ADA grievance, filed on [REDACTED], it has been determined that further investigation of the allegation(s) is necessary. Within ninety (90) days, you will be notified of the findings of this investigation. If you have any questions, you may contact our office:

Department on Disability
Disability Access and Services Division
201 North Figueroa Street, Suite 100
Los Angeles, CA 90012
Tel.: (213) 202-2764 (VOICE), (213) 202-3452 (TTY), or (213) 202-2715 (FAX)

Sincerely,

ADA Compliance Officer

Department on Disability



Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fwd:

1 message

Carey Stone <Carey.Stone@lacity.org>

Fri, Mar 29, 2019 at 2:30 PM

To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Records Request response - this is being handled as a Title II complaint

----- Forwarded message -----

From: **Richard Ray** <richard.ray@lacity.org>

Date: Tue, Feb 12, 2019 at 7:27 AM

Subject: Fwd:

To: Carey Stone <Carey.Stone@lacity.org>

Good morning Carey,

Can we set up a time to chat regarding many issues the [REDACTED] and 5 other tenants who are deaf are experiencing. It is my understanding that [REDACTED] is receiving City funding. It is also my understanding that [REDACTED] is receiving federal funds.

Let me chat when you have a moment.

Thank you.

Richard Ray

----- Forwarded message -----

From: [REDACTED]

Date: Mon, Feb 11, 2019 at 8:26 PM

Subject:

To: Richard Ray <Richard.Ray@lacity.org>

[REDACTED]
Sr. Director of Bridge Housing
Director of Interim Housing
Manager of Interim Housing*

We have been having MANY problems with [REDACTED]
At this time of writing,
There are a total of six Deaf participants in this Housing site.

Examples of issues:

Forcing us to lipread against our will.

Begrudgingly writing down information after repeated requests.

Using Staff with limited Sign Proficiency to communicate with participants about serious high stake issues such as rule violations.

Refusing to accommodate some of us in a room

With visual alarms.

Public phone is inaccessible to us.

Abuse of proctols and using hearsay and not involving us in proctols of investigations and giving us fair participation in issues where we are accused of violations of policies.

Sent from my iPhone

--

Richard L Ray
ADA Technology Access Coordinator
City of Los Angeles
Department on Disability
[201 N. Figueroa Street, Suite 100](#)
[Los Angeles, CA 90012](#)
(213) 785-2934 VP
(213) 202-2753 Voice
(213) 202-3470 TTY
(213) 202-2715 FAX

--

Carey Stone
Department on Disability
City of Los Angeles
Office: 213-202-2747
Fax: 213 - 202 - 2715



Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fwd: Form submission from: ADA Title II Grievance Form

7 messages

Carey Stone <Carey.Stone@lacity.org>

Fri, Mar 29, 2019 at 2:20 PM

To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Records Request response

----- Forwarded message -----

From: **Department on Disability** <ita.webservices@lacity.org>

Date: Tue, Oct 30, 2018 at 2:07 PM

Subject: Form submission from: ADA Title II Grievance Form

To: <DOD-ada@lacity.org>

Submitted on Tuesday, October 30, 2018 - 2:06pm

Submitted by anonymous user: 104.32.246.40

Submitted values are:

Name: [REDACTED]

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Telephone (Home): [REDACTED]

Telephone (Business): [REDACTED]

Telephone (Mobile): [REDACTED]

E-Mail: trishazena@att.net

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act: [REDACTED]

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Telephone (Home): [REDACTED]

Telephone (Business): [REDACTED]

Telephone (Mobile): [REDACTED]

Access issues generally fall into one of three categories, please indicate which category best describes your issue.:

- Physical/Architectural Access – Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage, etc.

- Programmatic Access – Is the issue related to being able to participate in a program, service or activity. For example, is there a City policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from the City's programs and services.

- Communication Access – Is the issue related to communication, for example do you need auxiliary aids and services, a sign language interpreter, Communication Access Real-Time Translation (CART) materials in alternative formats in order to have equal access to information and communication with a City Department's programs, services or activities.

City Department. Bureau or Service: Fair Housing

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Telephone: [REDACTED]

When did the alleged violation occur? January 17, 2014

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II.:

I have lived in my apt over 32 years, I have Never been late on my rent.

The

owner has given me over 20 unlawful eviction notices. The owner also took me to Small Claims Court using fraudulent checks and receipts/ the owner and his contractor totally made up the phony checks and receipts perjuring themselves. Absolutely No Work Was Done in my unit !!! The owner basically stole \$7000.00 from me. I am completely disabled, I have given the owner 4 letters from my Doctors for reasonable accommodations/ ALL HAVE BEEN COMPLETELY IGNORED !

Plus the owner gutted out his unit directly below mine, was sent a letter from the Attorney I had / informing the owner my rights to be relocated/ the owner yelled at me and told me he didn't give a damn! Myself and my Blind Shih Tzu had to spent 7 months at the park, because I have no family or closed friends in Ca.

The SC lawsuit lost me the opportunity to purchased a condo in Texas around the corner from my closest friend of 45 years. I have no great credit / yet I have never missed any of my bills, so far.

I had excellent credit (850 credit score) until the owner has bankrupt me because of the unlawful evictions notices and the SC lawsuit.

I have an Attorney who knows nothing about my American disability rights/ The Attorney I have is on contingency/however the Attorney broke our contract, by charging me.

A Court date has been set/(December 12, 2018) according to my Attorney/ I found out the prior Court the Court dates / were not actual Court dates but but conference dates. I need an experience Attorney who knows American Disability rights.

The owner also removed my rights to used the W&D; every unit has their own W&D/ except mine. I have spent over \$10,000+ since my back surgery in 2011. I have been non stopped harassed /and all of my rights completely ignored. I have tons of evidence the current Attorney has.

I need an Attorney who will be involved to the point proving first how he perjured himself and show that nothing work was done in my unit..I paid \$7000.00 FOR NOTHING !!

The owner wants my unit to make another illegal Air&B /obviously the owner wants more \$\$\$/ I am in a Rent Control building/ The owner Bullied the renter below my unit out. I received only SSDI & cannot afford to move.

I have my primary doctors records showing 99% of my problems were all stress from this situation/plus my Psychiatrist records all showing the physical and mental, emotional stress as well.

This has been Constance since 2011/ Proving my Lawsuit against this lying owner is extremely strong with an experience American Disability Attorney.

The owner toss out my precious Mothers love-seat and wooden bird cage I had on my patio, without my permission. Yesterday the owner tells me that there are emails confirming I gave permission...absolutely Not !! This owner has already proven he can come up with fraudulent paperwork, I know I never emailed the owner about the last belonging I had of my Mothers. Since the owners has already shown he can make up phony paperwork, I have no doubt he will do the same in Court.

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? No

Agency or Court:

Contact Person:

Address:

City:

State:

Zip Code:

Telephone:

Date Filed:

Additional space for description of alleged act of violation:

I have witnesses of the owner yelling in my face ! Verbally abusive threaten if I made anymore complaints

Making me withdraw my Housing complaints.

Signature: patricia bethune
Date: October 30, 2018

The results of this submission may be viewed at:
<http://www.disability.lacity.org/node/1431/submission/7021>

You received this message because you are subscribed to the Google Groups "DOD.ADA" group.
To unsubscribe from this group and stop receiving emails from it, send an email to dod.ada+unsubscribe@lacity.org
To post to this group, send email to dod.ada@lacity.org
To view this discussion on the web visit <https://groups.google.com/a/lacity.org/d/msgid/dod.ada/E1gHbE1-0001gY-2I%40ded-188.enterprise-g1.hosting.acquia.com>.

Carey Stone
Department on Disability
City of Los Angeles
Office: 213-202-2747
Fax: 213 - 202 - 2715

Carey Stone <Carey.Stone@lacity.org>
To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fri, Mar 29, 2019 at 2:21 PM

Records Request Response

----- Forwarded message -----

From: Department on Disability <ita.webservices@lacity.org>
Date: Thu, Mar 28, 2019 at 3:23 PM
Subject: Form submission from: ADA Title II Grievance Form
To: <DOD-ada@lacity.org>

Submitted on Thursday, March 28, 2019 - 3:23pm
Submitted by anonymous user: 76.168.147.132
Submitted values are:

Name: [REDACTED]
Address: [REDACTED]
City: Los Angeles
State: California
Zip Code: 90020
Telephone (Home): [REDACTED]
Telephone (Business): [REDACTED]
Telephone (Mobile): [REDACTED]
E-Mail: [REDACTED]

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act:

Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Telephone (Home): [REDACTED]
Telephone (Business): [REDACTED]
Telephone (Mobile): [REDACTED]

Access issues generally fall into one of three categories, please indicate which category best describes your issue.:

City Department Bureau or Service: Los Angeles
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Telephone: [REDACTED]

When did the alleged violation occur? March 18, 2019

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II.:

On March 18th 2019 I locked myself out of my unit. I was doing wash in the outside hallway and had a bath running. In an effort not to cause a flood I loosened the door enough to use a credit card to shimmy the lock. The building manager Regina Kim; decided that I should be arrested for "Felony Vandalism". She as well as several other tenants made up false statements and those statements were used to book me on booking number

The above represents a series of events that represent retaliation for my disability. Of most concern to these folks is that fact that my rent check arrives three days late. Initially, Regina refused to sign an affidavit that she received the check (after she acknowledged such receiving such). My car has been damaged; there has been property that was stolen out of my apartment as well as money and Regina knows nothing.

This false arrest was the straw that has broken the back of any safeguards to public policy initiatives on housing discrimination.

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? No

Agency or Court:

Contact Person:

Address:

City: Los Angeles

State: California

Zip Code:

Telephone:

Date Filed: March 28, 2019

Additional space for description of alleged act of violation: As noted above last Monday I began doing laundry. Typically i do not lock my door. As a result, i ran a bath as i was discharging laundry into the washer in the outside hallway. To my chagrin when i walked back down the hall to my apartment it was locked. I can not explain why. Sometimes when the door hits the back wall it locks the door. It was later into the evening. I had already jimmied the door open once before. So, rather than have the water flood the people downstairs i jimmied the door in again so that i could use a credit card to open the door. The neighbors told police i used a carving knife to get in the apartment which means that i would to have brought a carving knife out of the apartment with me to use in case i locked myself out of the apartment. So i get hit with F594(A)(2)PC for this. Plus the fact that i have apartment insurance anyway. So the assessment of felony is based on damage. I fixed the door for \$50 how is that Felony Vandalism. That is why these lies are tantamount to retaliatory lies. My hunch is that these people are not comfortable with a full blood American caucasian in the building. As a result; they concoct any lie; or tale to prolong their preferred status. This must end immediately. Thanks very much

Signature:

Date: March 28, 2019

The results of this submission may be viewed at:

<https://disability.lacity.org/node/1431/submission/8126>

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To post to this group, send email to dod.ada@lacity.org.

To view this discussion on the web visit <https://groups.google.com/a/lacity.org/d/msgid/dod.ada/E1h9dR4-0001Fi-EJ%40ded-188.enterprise-g1.hosting.acquia.com>.

[Quoted text hidden]

Carey Stone <Carey.Stone@lacity.org>
To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fri, Mar 29, 2019 at 2:22 PM

Records Request response

----- Forwarded message -----

From: **Department on Disability** <ita.webservices@lacity.org>
Date: Fri, Aug 31, 2018 at 1:16 PM
Subject: Form submission from: ADA Title II Grievance Form
To: <DOD-ada@lacity.org>

Submitted on Friday, August 31, 2018 - 1:15pm
Submitted by anonymous user: 161.149.63.239
Submitted values are:

Name: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Telephone (Home): [REDACTED]
Telephone (Business): [REDACTED]
Telephone (Mobile): [REDACTED]
E-Mail: [REDACTED]

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act: [REDACTED]

Address:

City:

State:

Zip Code:

Telephone (Home):

Telephone (Business):

Telephone (Mobile):

Access issues generally fall into one of three categories, please indicate which category best describes your issue.:

- Physical/Architectural Access – Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage, etc.

- Programmatic Access – Is the issue related to being able to participate in a program, service or activity. For example, is there a City policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from the City's programs and services.

City Department, Bureau or Service: No

Address: NA

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Telephone: NA

When did the alleged violation occur? August 27, 2018

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II.: NA

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? No

Agency or Court:

Contact Person:

Address:

City:

State:

Zip Code:

Telephone:

Date Filed:

Additional space for description of alleged act of violation: Apartment building has 400 units and zero disabled parking spaces

Signature: Juanita Palma
Date: August 31, 2018

The results of this submission may be viewed at:
<http://www.disability.lacity.org/node/1431/submission/6376>

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To post to this group, send email to dod.ada@lacity.org.
To view this discussion on the web visit <https://groups.google.com/a/lacity.org/d/msgid/dod.ada/E1fvppg-0004jk-AL%40ded-188.enterprise-g1.hosting.acquia.com>.
[Quoted text hidden]

Carey Stone <Carey.Stone@lacity.org>
To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fri, Mar 29, 2019 at 2:23 PM

Records Request response

----- Forwarded message -----

From: **Geoffrey Straniere** <geoffrey.straniere@lacity.org>
Date: Wed, Feb 27, 2019 at 3:21 PM
Subject: Fwd: Form submission from: ADA Title II Grievance Form
To: Carey Stone <Carey.Stone@lacity.org>

Hi Carey - How do we process an anonymous grievance? Thanks

Geoffrey L. Straniere
ADA Compliance Officer
Department on Disability
201 N Figueroa Street - Suite 100
Los Angeles CA 90012
geoffrey.straniere@lacity.org
(213) 202-2766

----- Forwarded message -----

From: **Department on Disability** <ita.webservices@lacity.org>
Date: Tue, Feb 26, 2019 at 8:40 PM
Subject: Form submission from: ADA Title II Grievance Form
To: <DOD-ada@lacity.org>

Submitted on Tuesday, February 26, 2019 - 8:40pm
Submitted by anonymous user: 172.90.0.135
Submitted values are:

Name: Anonymous
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone (Home): _____
Telephone (Business): _____
Telephone (Mobile): _____
E-Mail: _____
Person (if other than the grievant) alleging Violation of Title II of the
Americans with Disabilities Act: _____

Address:

City:

State:

Zip Code:

Telephone (Home):

Telephone (Business):

Telephone (Mobile):

Access issues generally fall into one of three categories, please indicate which category best describes your issue.:

- Physical/Architectural Access – Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage, etc.

- Communication Access – Is the issue related to communication, for example do you need auxiliary aids and services, a sign language interpreter, Communication Access Real-Time Translation (CART) materials in alternative formats in order to have equal access to information and communication with a City Department's programs, services or activities.

City Department, Bureau or Service: Los Angeles

Address:

City:

State: CA

Zip Code:

Telephone: 0000000000

When did the alleged violation occur? January 1, 2019

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II.: Secondary elevator (the only one that goes to the P2 parking garage) was not working for over a month's time. The manager does not fix anything and refuses to let tenants speak to the management company. This is discrimination, we have a RIGHT to speak to the property owners and we have a RIGHT to have a working elevator to access ALL floors, the other one that operated during this time does not go to P2. Our building is inaccessible and our voices are unheard.

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? No

Agency or Court:

Contact Person:

Address:

City:

State:

Zip Code:

Telephone:

Date Filed:

Additional space for description of alleged act of violation:

Signature: Anonymous

Date: February 25, 2019

The results of this submission may be viewed at:

<https://disability.lacity.org/node/1431/submission/7871>

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To view this discussion on the web visit <https://groups.google.com/a/lacity.org/d/msgid/dod.ada/E1gyr0y-0004ZM-T7%40ded-188.enterprise-g1.hosting.acquia.com>.

[Quoted text hidden]

Carey Stone <Carey.Stone@lacity.org>

Fri, Mar 29, 2019 at 2:24 PM

To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

possible Records Request (includes words "resident" and "building")

----- Forwarded message -----

From: **Department on Disability** <ita.webservices@lacity.org>

Date: Wed, Mar 6, 2019 at 12:57 PM

Subject: Form submission from: ADA Title II Grievance Form

To: <DOD-ada@lacity.org>

Submitted on Wednesday, March 6, 2019 - 12:56pm

Submitted by anonymous user: 23.125.223.230

Submitted values are:

Name: [REDACTED]

Address: [REDACTED]

City: Los Angeles

State: California

Zip Code: [REDACTED]

Telephone (Home): [REDACTED]

Telephone (Business): [REDACTED]

Telephone (Mobile): [REDACTED]

E-Mail: [REDACTED]

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act: [REDACTED]

Address: [REDACTED]

City: Los Angeles

State: California

Zip Code: [REDACTED]

Telephone (Home): [REDACTED]

Telephone (Business): [REDACTED]

Telephone (Mobile): [REDACTED]

Access issues generally fall into one of three categories, please indicate which category best describes your issue.: Physical/Architectural Access – Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage, etc.

City Department, Bureau or Service: Department on Disability

Address: 201 N. Figueroa St

City: Los Angeles

State: California

Zip Code: 90012

Telephone: 2132022766

When did the alleged violation occur? November 11, 2016

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II.: I'm a resident of [REDACTED] the West tower and I am a disabled Veteran with a service-connected disability. The West tower lobby at [REDACTED] has a wheelchair access lift that has not been functioning since 2016. No ramp or other access has been provided in my building. For wheelchair access one must go to the South tower, an entirely separate building, through the lobby to have disabled accessibility.

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? No

Agency or Court:

Contact Person:

Address:

City:

State:

Zip Code:

Telephone:

Date Filed:

Additional space for description of alleged act of violation:

Signature: [REDACTED]

Date: March 6, 2019

The results of this submission may be viewed at:

<https://disability.lacity.org/node/1431/submission/7956>

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 To view this discussion on the web visit <https://groups.google.com/a/lacity.org/d/msgid/dod.ada/E1h1daz-0006NA-W7%40ded-189.enterprise-g1.hosting.acquia.com>.

[Quoted text hidden]

Carey Stone <Carey.Stone@lacity.org>
 To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Fri, Mar 29, 2019 at 2:24 PM

Records Request response

----- Forwarded message -----

From: **Department on Disability** <ita.webservices@lacity.org>
 Date: Sun, Mar 24, 2019 at 7:06 AM
 Subject: Form submission from: ADA Title II Grievance Form
 To: <DOD-ada@lacity.org>

Submitted on Sunday, March 24, 2019 - 7:05am
 Submitted by anonymous user: 76.80.182.118
 Submitted values are:

Name: [REDACTED]
 Address: [REDACTED]
 City: LA
 State: CA
 Zip Code: [REDACTED]
 Telephone (Home): [REDACTED]
 Telephone (Business): [REDACTED]
 Telephone (Mobile): [REDACTED]
 E-Mail: [REDACTED]

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act: : I was beat up 3 times, almost thrown over the balcony 11 teeth crack by another tennant

Address: [REDACTED]
 City: LA
 State: CA
 Zip Code: [REDACTED]
 Telephone (Home): [REDACTED]
 Telephone (Business): [REDACTED]
 Telephone (Mobile): [REDACTED]

Access issues generally fall into one of three categories, please indicate which category best describes your issue.:

- Programmatic Access – Is the issue related to being able to participate in a program, service or activity. For example, is there a City policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from the City's programs and services.

- Communication Access – Is the issue related to communication, for example do you need auxiliary aids and services, a sign language interpreter, Communication Access Real-Time Translation (CART) materials in alternative formats in order to have equal access to information and communication with a City Department's programs, services or activities.

City Department, Bureau or Service: LA Court etc
 Address: 210 Temple

City: LA
 State: CA
 Zip Code: 90019
 Telephone: (213) 628-7900

When did the alleged violation occur? January 1, 1918

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II.: Ive been beaten up 3 times and the guy in apt is ringing my door, banging my door and tell every one that i suck Dick every day I need help his name is _____ and he is in apt _____ at _____ And the guy in _____ grabbed my purse and took my Perscription for PAIN. AND _____ hit me in the mouth and cracked 11 teeth and the Police have did nothing. And _____ tried to throw me over the Balcony and I have Video of this. Please help me i'm scared to Death . And _____ tried to have me beat up by _____ she is in _____ I have reported all this to the Management and they wont help me. etc etc etc
 Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes.
 Agency or Court: PHD # _____ US ARMY and _____ my case worke 6073

Contact Person: _____ the Manager -4 _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Date Filed: January 1, 1918

Additional space for description of alleged act of violation: Ive been beaten up 3 times and the guy in apt is ringing my door, banging my door and tell every one that i suck Dick every day I need help his name is _____

_____ and he is in apt _____ at _____ And the guy in _____ grabbed my purse and took my Perscription for PAIN. AND _____ hit me in the mouth and cracked 11 teeth and the Police have did nothing. And _____ tried to throw me over the Balcony and I have Video of this. Please help me i'm scared to Death . And _____ tried to have me beat up by _____ she is in _____ I have reported all this to the Management and they wont help me.

Signature: _____ help

Date: March 24, 1919

The results of this submission may be viewed at:
<https://disability.lacity.org/node/1431/submission/8071>

You received this message because you are subscribed to the Google Groups "DOD.ADA" group.

To unsubscribe from this group and stop receiving emails from it, send an email to dod.ada+unsubscribe@lacity.org.

To post to this group, send email to dod.ada@lacity.org.

To view this discussion on the web visit <https://groups.google.com/a/lacity.org/d/msgid/dod.ada/E1h83I9-0006pM-61%40ded-188.enterprise-g1.hosting.acquia.com>.

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Carey Stone <Carey.Stone@lacity.org>

Fri, Mar 29, 2019 at 2:25 PM

To: Lourdes Sinibaldi <lourdes.sinibaldi@lacity.org>

Records Request response

----- Forwarded message -----

From: Department on Disability <ita.webservices@lacity.org>

Date: Tue, Mar 26, 2019 at 10:46 PM

Subject: Form submission from: ADA Title II Grievance Form

To: <DOD-ada@lacity.org>

Submitted on Tuesday, March 26, 2019 - 10:46pm

Submitted by anonymous user: 172.112.64.15

Submitted values are:

Name: _____

Address: _____

City: los angeles

State:

Zip Code: _____

Telephone (Home): _____

Telephone (Business): _____

Telephone (Mobile): _____

E-Mail:

Person (if other than the grievant) alleging Violation of Title II of the Americans with Disabilities Act: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone (Home): _____

Telephone (Business): _____

Telephone (Mobile): _____

Access issues generally fall into one of three categories, please indicate which category best describes your issue.: Physical/Architectural Access – Is the issue related to a physical barrier, for example, a wheelchair ramp is needed, counters are too high for wheelchair users, missing braille signage, etc.

City Department, Bureau or Service: Landlord

Address: _____

City: _____

State: CA _____

Zip Code: _____

Telephone: _____

When did the alleged violation occur? March 5, 2019

Describe the alleged act(s) of discrimination, providing name(s) where possible of the individuals who allegedly violated Title II.: Jason Hoffman
Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? No

Agency or Court:

Contact Person:

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Date Filed: _____

Additional space for description of alleged act of violation: staircase

Signature: _____

Date: March 10, 2019

The results of this submission may be viewed at:

<https://disability.lacity.org/node/1431/submission/8096>

You received this message because you are subscribed to the Google Groups "DOD.ADA" group.

To unsubscribe from this group and stop receiving emails from it, send an email to dod.ada+unsubscribe@lacity.org.To post to this group, send email to dod.ada@lacity.org.To view this discussion on the web visit <https://groups.google.com/a/lacity.org/d/msgid/dod.ada/E1h91Ok-0001Ak-Bi%40ded-188.enterprise-g1.hosting.acquia.com>.

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